

SECRET EYES ONLY

FILE

7 January 1969

MEMORANDUM FOR THE FILE

E-X-T-R-A-C-T

"1. Program for the Management of Problem Drinking: In reference to a proposed memorandum for my signature to the Director of Medical Services (DD/S 68-5440) on this subject, I telephoned Dr. Tietjen rather than sending the memo. Dr. Tietjen advised that he is just about to present to me a proposed Headquarters Notice on the Establishment of Consultative Services by the Office of Medical Services. These services are to be available to all employees of the Agency at the initiative of the employee himself. Included in these services, among other things, would be assistance to employees and supervisors on problem drinking. In addition, OMS proposes to establish an educational program whereby supervisors can be briefed and guided on handling drinking problems. With the benefit of a proposed Notice I do feel that this Program offers the opportunity to meet the problem drinking case as part of an overall program but not highlighting it as a specific Agency program. I advised Dr. Tietjen to present this to me as soon as possible and we will then clear it with the Executive Director. Additionally, the program should be mentioned at either the Morning Meeting or at a Deputies' Meeting."

E-X-T-R-A-C-T

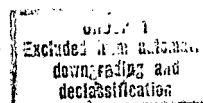
Distribution:

Orig - DD/S File w/DD/S 68-5440 and background

DD/S 68-5440: Proposed Memo for D/MS fr DD/S, same subj (not signed)

MORI/CDF Pages 6,7, 10, 11,  
31 & 32.

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DD/S 68-5440

MEMORANDUM FOR: Director of Medical Services

SUBJECT : Program for the Management of Problem Drinking

REFERENCE : (a) Memo dtd 21 Apr 66 to ExDir-Compt  
frm DD/S, same subject  
(b) Memo dtd 7 Apr 66 to DD/S frm D/MS  
same subject

1. On 28 July 1967 Mr. Vance sent you a copy of reference (a), attached to a copy of a buck slip from the Executive Director-Comptroller in which the latter expressed the hope that the actions recommended in reference (b) for the Office of Training and the Office of Medical Services have been taken and are continuing.

2. I am aware that this subject has been the topic of many discussions within the Office of Medical Services, and has also at times involved personnel from the Offices of Training, Personnel, and Security. I have not as yet, however, been advised as to positive steps taken to establish an educational program to assist supervisors in handling problem cases including problem drinking, nor have I been advised of the appointment of a counselor who will be available to both employees and supervisors to discuss the handling of problems relating to alcohol.

3. I would appreciate your early advice as to exactly where we stand on this matter.

R. L. Bannerman  
Deputy Director  
for Support

Atts: References

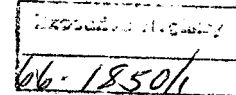
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DD/S 66-2093

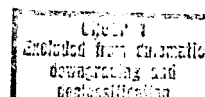


21 APR 1966

MEMORANDUM FOR: Executive Director-Comptroller

SUBJECT : Program for the Management of Problem Drinking

1. This memorandum contains in paragraph 5 recommendations for your approval.
2. The purpose of this memorandum is to summarize the attached paper prepared by the Director of Medical Services (Tab A) and to bring more sharply into focus the recommended course of action.
3. This Agency's problem with alcoholism is quantitatively not great if the statistics available for the public, private organizations, and Government are even nearly accurate. Nevertheless, in a sensitive organization such as CIA, the problem is qualitatively far greater; and our experience has indicated that we should have a corrective program in being.
4. Fundamental to any program dealing with alcoholism is early recognition and counseling. This requires the attention and concern of supervisors at all levels. Professional assistance can only be brought to bear when the case has been identified.
5. It is recommended that:
  - a. The attached memorandum (Tab B) be sent to Deputy Directors and Heads of independent offices reaffirming the policy of supervisory responsibility for employee behavior, especially in regard to problem cases including those of problem drinking.
  - b. The Deputy Director for Support organize a committee representing all of the Support Offices concerned to:
    - (1) Establish continuing education to supervisors on awareness, early recognition, and methods of handling problem cases, with special attention to problem drinking.
    - (2) Continue study of the total problem of drinking in the Agency.



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SUBJECT: Program for the Management of Problem Drinking

(3) Promote professional assistance to supervisors and employees through consultative and direct service in the management, correction and avoidance of problem drinking.

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Deputy Director  
for Support

2 Atts:

Att A: Memo dtd 7 Apr 66 to DD/S  
fr D/MS, same subj.

Att B: Proposed memo to DD/I, DD/P,  
DD/S&T, DD/S, D/NIPE, GC,  
IG fr DCI, subj: "Employee  
Conduct"

The recommendations contained in paragraph 5 are approved.

\_\_\_\_\_  
Executive Director-Comptroller

\_\_\_\_\_  
Date

Distribution:

Orig - DD/S

1 - ER

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DD/S:RLB:jvw (21 Apr 66)

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SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	<input checked="" type="checkbox"/>	CONFIDENTIAL	SECRET
<b>CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	Deputy Director for Support		
2			
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<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH
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<b>Remarks:</b>  Bob:  I've had this one on the very slow burner for a long time. I didn't think the memo was really the right way to handle this--yet I haven't come up with a better one. Perhaps if and when we have more across-the-board meetings of supervisors some brave soul could talk very frankly about it. In the meantime I hope the actions recommended for OTR and Medical Services in Tietjen's 7 April 1966 memo have been taken and are continuing.			
<b>FOLD HERE TO RETURN TO SENDER</b>			
FROM: NAME		NO.	DATE
Executive Director-Comptroller			13 Jul 67
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Ref  
B



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DD/S 66-1881

7 April 1966

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Program for the Management of Problem Drinking

1. This memorandum contains in paragraph 4 recommendations for the approval of the Deputy Director for Support and the Executive Director-Comptroller.

2. Background

a. Over the past several years, there has been an increase in the number of Agency problem cases involving alcohol. Such evidence stems from medical experiences with the more difficult examination categories such as Fitness-for-Duty, Retirement, Return-to-Duty, and Return-from-Overseas, and from advisory participation in certain personnel problems. This increase in incidence and the prevailing complexity of such cases prompted the appointment of a committee within the Office of Medical Services to study such matters. The committee held its first meeting in June 1965 and its studies continue to date.

b. The focus of the committee has been limited to the subject of problem drinking, i.e. chronic alcoholism, although it is recognized that other problems may exist in regard the use of alcohol in a security organization. The activities and pursuits of the committee may be categorized as follows:

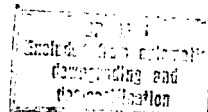
(1) to establish the magnitude or extent of problem drinking in the Agency;

(2) to consider and attempt to define the nature of problem drinking;

(3) to study methods and practices of other organizations in attempting to deal with the problem drinker;

(4) to formulate recommendations, if any, that might pertain to the Agency as a result of committee activities.

c. The committee consists of a psychiatrist, a psychologist, a clinical physician, an industrial physician, and an administrator. The work of the committee has been deliberate and extensive and is considered reliable.



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SUBJECT: Program for the Management of Problem Drinking

### 3. Findings

#### a. The Incidence of Problem Drinking in the Agency

Information as to the incidence of problem drinking in the Agency is fragmented and incomplete. As yet, there is no central system that stores and tabulates such information. In addition, there is a universal reluctance to document records and cases as problem drinking. However, after making due allowance for the incompleteness of available information, it would seem that the incidence of problem drinking in the Agency is low compared with any known standards.

#### b. The Nature of Problem Drinking

A great deal has been written on the subject of problem drinking and quite a bit is known. There is also a great deal that is unknown and there are many gaps in attempting to formulate a comprehensive concept and picture. Concepts in regard problem drinking are yet evolving and mechanisms of case management, in attempting to follow these changing patterns of evolution, have yet to establish stable and available resources in our social structure.

Despite the uncertainties in regard problem drinking, it is generally agreed that three factors comprise the essence of the behavioral problem. These three factors are:

- (1) the progressive compulsion of the problem drinker to drink;
- (2) the use of denial by the problem drinker that a problem exists;
- (3) the social acceptance, or tolerance, or cover up by society and associates.

#### c. Programs and Procedures in Other Organizations

Along with evolving attitudes and concepts in regard problem drinking, there is developing an awareness of the importance of the problem to organizations in days lost, in associated sickness, in poor decision making, and in disorder. Industry has taken the lead in this regard and there are at least eighty programs on-going at the present time. The average program takes about two years to get going. Each enjoys varying degrees of success in accordance with investment and interest.

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SUBJECT: Program for the Management of Problem Drinking

The Federal Government is very much interested in the problem but there is only one on-going official program at present. There are a few sporadic activities run on a hip pocket basis.

In general, organizational programs embody the following principles:

- (1) economic coercion is one of the few effective stimuli that motivate a problem drinker to change his behavior;
- (2) the problem drinker, once motivated to change, needs help--medical, sociological, A. A., religious, etc.--which the organization is willing to provide, support or encourage according to its formula of interest;
- (3) efforts at rehabilitation are economically sound.

d. Action to be Recommended to Agency Management

Although the incidence of problem drinking in the Agency appears to be comparatively low, it seems desirable that a program be established in the Agency.

Those cases that have occurred have been time consuming, often painful, and contrary to the fundamental interests of the Agency. There is no reason to think that the number of cases will be less in the future. It would seem reasonable that the Agency could anticipate a continuing new crop of cases especially since alcohol plays such a fundamental role in social rapport, communications, and tradecraft. There might be some reason to think that the frequency and complexity of such cases may increase since it takes some time for problem drinking to develop.

Any program designed for the Agency should not only be helpful in the management of cases once they appear but should attempt to decrease the incidence of cases through early recognition and preventive measures. The concepts of a proposed program are contained in the recommendations.

4. Recommendations

a. It is recommended that the DCI reaffirm the policy of supervisory responsibility in regard employee behavior, especially in regard problem cases including those of problem drinking. (Tab A)

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SUBJECT: Program for the Management of Problem Drinking

b. It is recommended that the Director of Medical Services and the Director of Training design and establish continuing educational efforts to assist supervisors in awareness, early recognition, and methods of handling problem cases including problem drinking.

c. It is recommended that the Director of Medical Services provide professional assistance to supervisors and employees through consultative and direct services in the management of problem cases including those special consultative and direct services required in the management of problem drinking.

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JOHN R. TIETJEN, M. D.  
Director of Medical Services

The recommendations contained in paragraph 4 are approved.

\_\_\_\_\_  
Deputy Director for Support

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director-Comptroller

\_\_\_\_\_  
Date

Attachment:

Tab A

OMS/JRTietjen:mam

Distribution:

Orig & 1 - D/MS

2 - DD/S

2 - Ex.Dir.-Compt.

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**DRAFT**

Tab A

**MEMORANDUM FOR:** Deputy Director for Intelligence  
Deputy Director for Plans  
Deputy Director for Science and Technology  
Deputy Director for Support  
Deputy for National Intelligence Programs Evaluation  
General Counsel  
Inspector General

**SUBJECT :** Conduct

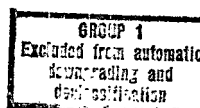
1. Since assuming the duties and responsibilities of my position, I have become increasingly impressed with the personnel of the Central Intelligence Agency--their competence, their dedication, and their sense of responsibility. I can understand and share the pride of my predecessors in being associated with such an outstanding group of people.

2. I have come to expect a uniformly peerless performance of duty and impeccable personal conduct from Agency personnel. A few recent cases wherein personal conduct has been questionable have given me some cause for concern.

3. It is my intent to deal summarily with any employee whose conduct on or off duty tends to compromise the splendid reputation of the personnel of this Agency. Existing Agency regulatory issuances are clear and adequate on matters of intemperance and other breaches of conduct. These regulatory issuances shall be observed.

4. It is my desire that the responsibilities of all Agency supervisors in these matters be understood and emphasized. The facilities of the Offices

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SUBJECT: Conduct

of Personnel, Security, and Medical Services are available to assist in the management of difficult cases. In particular, professional counseling services have been established in the Office of Medical Services to assist both the employee and the supervisor.

5. The essence of this memorandum will be conveyed in such manner as you consider appropriate to all employees under your supervision.

W. F. RABORN  
Director

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## NOTE FOR THE RECORD

RBL  
11-3-67

15 August 1967--The next step in the development of an Agency program for the management of "problem drinking" is for OMS to appoint a counselor who will be available to both employees and supervisors to discuss the handling of problems relating to alcohol. [ ] has told me that John Fulcher is the likely candidate for this chore. When the appointment is ready to be made, Mr. Bannerman has asked that I write a memo for his signature addressed to the Deputy Directors identifying the counselor and explaining briefly what his role is and how people can get ahold of him. 25X1

15 September--I talked with [ ] who says that OMS is not yet quite ready to name its "alcohol" counselor but is working on the problem and will be in touch with us shortly.

10 October--I talked again with [ ] who asks for a little more time on this matter. 25X1

23 October--Civil Service Commission has announced steps to develop a Government-wide program on alcoholism and will hold a conference 7-8 November to kick things off. We've been asked to send two representatives--one who will have "administrative responsibility" for our program and second a medical responsibility. Bob Wattles [ ] have been named. Following the conference, they will presumably move ahead with our earlier plans to designate a counselor in this area. 25X1

WFV NOV 9 1967

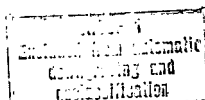
21 November--I talked with [ ] in an effort to determine how he and Bob Wattles reacted to the CSC meeting on alcohol and what their proposals for CIA action are likely to be. He said they're still considering this and in fact he was attending a meeting the afternoon of the 21st on alcohol--a meeting with other members of OMS who are concerned with the problem. However, he didn't tip his hand as to what OMS is most likely to propose as an action program. I reminded him of Dr. Tietjen's previous recommendations regarding a counselling effort and Mr. Bannerman's desire to launch this. He said we can expect some program proposals in the "near future" and that the matter is very much on his mind and the minds of others in OMS. 25X1

Mr. Bann  
Bannerman  
W. & M. ca. 8-8-67

WFV

3 January 1968 -- Raised the question at the Noon Meeting as to whether or not Mr. Bannerman had received any further information on a proposed program by OMS as a result of briefings [ ] Wattles. Mr. Bannerman had heard nothing further and suggested that we follow up in another couple of weeks. 25X1

RBW





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16-1850

MEMORANDUM FOR: Deputy Director for Intelligence  
Deputy Director for Plans  
Deputy Director for Science and Technology  
Deputy Director for Support  
Deputy for National Intelligence Programs Evaluation  
General Counsel  
Inspector General

SUBJECT : Employee Conduct

1. Since assuming my present position a year ago, I have been increasingly impressed with the personnel of the Central Intelligence Agency--their competence, their dedication, and their sense of responsibility.

2. The high standards of performance and personal conduct evident among our people reflect credit on the Agency and on the quality and effectiveness of leadership throughout the organization. Maintaining exacting standards of conduct is not an easy task. It is an imperative one, nevertheless, and each of us must do his utmost to achieve this goal.

3. CIA has a relatively low rate of intemperance and other employee conduct problems on and off duty. And among those problems which have occurred, very few have failed to respond to corrective action. In an organization as sensitive as ours, however, even a very few such cases can be cause for deep concern. For that reason, we must continually reappraise our employee conduct program and reinforce our efforts to improve it.

4. Essential to the success of our employee conduct program are supervisors at all levels who accept the responsibility to concern themselves with the problems of their subordinates, who are sensitive to early signs of trouble, and who know how to deal with problems when they arise. Supporting them must be a corps of competent specialists who can provide continuing professional advice and guidance to supervisors and employees and, as necessary, provide more specific assistance in the handling of individual problem cases. The Offices of Personnel, Security, and Medical Services have long had facilities for this purpose. Recently, the Office of Medical Services has established a professional counseling service to provide additional assistance in areas for which it has special competence. Individuals with personal or supervisory problems who can be aided through these professional facilities should be encouraged to use them.

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GROUP 1 Excluded from automatic downgrading and declassification
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5. The primary emphasis in our employee conduct program must remain, however, on the responsibility of every supervisor to concern himself with the problems of his subordinates, and the importance of early recognition and correction of conduct problems at the lowest supervisory level where this can properly be done.

6. Please convey the essence of this memorandum in such manner as you consider appropriate to all employees under your supervision.

W. F. Raborn  
Director

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10 MAR 1967

MEMORANDUM FOR:

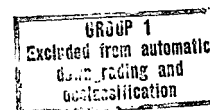


SUBJECT : Alcoholism

1. I have read the attached and discussed it with Dr. Tietjen. I would like to produce a draft of a memorandum from the Director to each directorate and independent office head with the following paragraph topics. I am not proposing a highly structured program at all but simply pointing out a problem that we should be concerned with and one we will approach by a program of gradual awareness and development.

- a. A short statement that the problem of alcoholism is with us the same as in other organizations and to a degree in which we must exercise concern and care and take corrective measures whenever possible. Point out while the incidence is not alarming any case in an intelligence organization can have serious proportions and consequently we must be most careful.
- b. The Office of Medical Services has been conducting studies and consultations in the whole field of alcoholism, its causes, effects and corrective procedures both from a medical and a psychological viewpoint. They have been in consultation with other departments and agencies concerned with this same problem. They are developing a program of education and propose to include talks in the different intelligence courses with a view to acquainting officials of the Agency with the problem, its nature and manner of handling.
- c. In immediate approach to our problem, the Office of Medical Services has established a counseling and guidance service for the handling of cases within the Agency and this staff is prepared to work directly with any supervisor who believes he has an employee drinking problem on his staff or with an employee who has such a problem.


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It is requested that each Deputy Director concern himself with this matter and through his staff make known his interest in this problem, that it is correctable with proper help and care and guidance and I ask that supervisors be alerted so that when they detect such problems they can seek proper guidance from the Medical Staff as to the best means and manner of handling an individual case.

  
R. L. Bannerman  
Deputy Director  
for Support

Att.

Bill: Please draft a covering  
memo with a short statement  
of our recent history and how  
ending we go this route rather  
than a highly organized program  
B.  
10 Mar. 67

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23 February 1967

MEMORANDUM FOR: Mr. Bannerman

SUBJECT : Misuse of Alcohol

1. Some days ago you asked that I pull together from Security and OMS some statistics and examples on misuse of alcohol. You intended to use these in discussions with Colonel White regarding the issuance of a policy paper on this subject.

2. Attached are reports from both Offices but unfortunately they are not as helpful as we might have hoped. The Security material covers a period 1 January 1964 to the present but is incomplete and based on rather sketchy records. The report shows that for the 21 months from 1 January 1964 to 23 September 1965 Security recorded 19 "serious cases" involving chronic, excessive, or other forms of "problem drinking." This was an average of about one serious case per month. 41 other cases (average of almost two a month) not usually serious, involving some aspect of excessive drinking, were also recorded. During the past 17 months, from 23 September 1965 to the present, five more "serious cases" have been recorded, but data are not available on the non-serious episodes. I've talked with [redacted] and others to see if there are other cases known to them which have not been recorded, particularly of the non-serious types, and they are doing some recanvassing. However, I don't expect too much in the way of results. Taken at face value, Security's information would appear to show that problems involving misuse of alcohol are on the wane. 25X1

3. John Tietjen's memorandum likewise reflects an informal record-keeping system. In addition to its statistics, he has some comments I think you'll want to use.

4. Given the present state of the record, it is pretty hard to make a case that misuse of alcohol is a growing problem in CIA. Instead, there is some reason to think we have reached a plateau or even a trend downward. However, it can be emphasized that some of our recent cases have been pretty sensitive and that even a relatively small number of such incidents require acute sensitivity to this area of personnel management among our supervisors.

  
WFV~~SECRET~~

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DDP 67-0688

6 February 1967

MEMORANDUM FOR: Deputy Director for Support

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ATTENTION :



SUBJECT : Incidence of Alcoholism in the Agency

1. In reviewing our available information, it is not possible to establish a major trend in incidence of cases comparing CY 1966 to CY 1965. First of all, we do not have a sound data base. We keep book on certain categories of examinations through the old-fashioned but reliable method of a mark on the wall. We do not keep data on disease entities since to do so exceeds current capabilities. Secondly, information in regard the alcoholic incidence is notoriously unreliable and is one of the problems an organization faces in attempting to cope with the subject.

2. We have reviewed certain categories of examinations with the following results:

a. Medical Returnees from Overseas

CY 1965 - Alcohol mentioned in 3 out of 5 cases.

CY 1966 - Alcohol mentioned in 7 out of 12 cases.

b. Fitness for Duty

CY 1965 - Alcohol a factor in 9 out of 47 cases.

Period 1 July 1965 to 31 December 1966 - Alcohol a factor in 10 out of 40 cases.

c. Medical Disability Retirement

CY 1965 - Alcohol a contributing factor in 4 out of 68 cases.

CY 1966 - Alcohol a contributing factor in 4 out of 36 cases.

3. Despite the absence of convincing figures, there are observations that contribute to thoughtful considerations:

a. There is no doubt that our medical experience impresses us that the incidence of problem cases is on the increase.

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**SUBJECT: Incidence of Alcoholism in the Agency**

b. The incidence of alcoholism in the general population increases with age and levels off at 3 per cent in any given organization. Perhaps this figure does not apply to this Agency. It must be observed, however, that a variety of factors promote the use of alcohol by participants in our business.

c. There were two deaths last year directly attributable to alcohol. Both were incidental to acute excesses and not the result of slow deterioration. There may have been others, wrapped up in our accident statistics.

d. There is no evidence, sufficiently impressive, that the problem cases associated with alcohol have in any way abated.

  
JOHN R. TIETJEN, M. D.  
Director of Medical Services

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